

Kentucky Diabetes Connection



The Communication Tool for Kentucky Diabetes News

AACE

American Association of
Clinical Endocrinologists
Ohio Valley Chapter

ADA

American Diabetes
Association

DECA

Diabetes Educators
Cincinnati Area

GLADE

Greater Louisville Association
of Diabetes Educators

JDRF

Juvenile Diabetes Research
Foundation International

KADE

Kentucky Association of
Diabetes Educators

KEC

Kentuckiana Endocrine Club

KDN

Kentucky Diabetes
Network, Inc.

KDPCP

Kentucky Diabetes Prevention
and Control Program

TRADE

Tri-State Association of
Diabetes Educators

A Message from Kentucky Diabetes Partners

A Great Success!



From the Participants...



To the Presenters ...

Exhibitors...



Good Food and ...

Old Friends...

Award Winners...



KENTUCKY DIABETES CEU/ CELEBRATION

Diabetes Care & Prevention:

Celebrating the Past, Present, & Future 2005

In honor of KDPCP'S Silver Anniversary!

See page 2 for
complete article

DIABETES CARE AND PREVENTION: CELEBRATING THE PAST, PRESENT, AND FUTURE - HELD ON OCTOBER 20!

Collaborative efforts between Kentucky's 10 statewide diabetes entities resulted in the completion of yet another successful endeavor! ***Diabetes Care and Prevention: Celebrating the Past, Present, and Future*** was held on October 20th in Shepherdsville, KY at the Paroquet Convention Centre for 157 participants!

Theresa Renn, Director of the Kentucky Diabetes Prevention and Control Program (KDPCP) with the KY Department for Public Health, began the day by welcoming participants and reiterating that one reason for conducting the conference was in celebration of KDPCP's 25 years in existence – a silver anniversary! A slideshow, set to KY bluegrass music, included accomplishments of the 10 KY diabetes partnering organizations.

Visionary Leadership Awards for establishing KDPCP were given to **Carlos Hernandez, MD** (formerly served as **Commissioner of Health for the Department for Public Health**), **Steven Leichter MD** (an endocrinologist formerly with the **University of Kentucky** and later with the **Kentucky Diabetes Foundation**), **Duncan MacMillan MD** (a pediatric endocrinologist retired from the **University of Louisville**), and **Charles Gollmar** (a **Centers for Disease Control and Prevention liaison** formerly assigned to KY).

In addition, several individuals were recognized for long time leadership of diabetes in Kentucky. Those recipients included: **Pamela Allweiss MD** (an endocrinologist formerly with the **Kentucky Diabetes Foundation**, the **University of KY**, and now with the **Centers for Disease Control and Prevention**), **Vasti Broadstone MD** (an endocrinologist formerly with the **University of Louisville** and now with **Joslin Diabetes Center** in **New Albany, Indiana**), **Micheal Foster, MD** (a pediatric endocrinologist with the **University of Louisville**), **Stephen Pohl, MD** (an endocrinologist formerly with the **Kentucky Diabetes Foundation** and now with the **KY Endocrinology Center**), and **Greg Lawther** (formerly the **Chronic Disease**

Director with the Department for Public Health and currently the KY Diabetes Network President).

Presentations at the seminar included: **The Business of Diabetes: Economics and Politics** by **Steven Leichter, MD**; **Diabetes Educators: Educating for a Lifetime** by **JoAnne Westerfield RN, CDE** (one of the original **Diabetes Team members**); **Medications and Devices for Glucose Management: How Things Have Changed** by **Condit Steil, Pharm D**; **Medical Nutrition Therapy: A Foundation of Diabetes Care** by **Nancy Walker RD, CDE** (one of the original **Diabetes Team members**); and **Diabetes - Our Future is Now**, by **Frank Vinicor MD**.

During lunch Greg Lawther, KDN President, recognized the following KY laws / legislators including: **KY Diabetes Commission** established 1978 (**Julian Carroll** was **Governor**); **KY diabetes funding** established for initiation of KDPCP in the early 1980's; **Diabetes supply and education coverage** by KY insurance companies **KRS 304.17A-148** (**Representative Marzian**); **Diabetes death certificate law requirements 2002** (**Senator Boswell** and former **Rep Crall**); **KY Diabetes Research Board 2004** (**Rep DeWeese** and **Rep Marzian**); **State diabetes funding increase 2005** (**Rep Lee**, **Rep Moberly**, and **Rep Thompson**); **Glucagon usage in schools 2005** (**Senator Denton**, **Rep Damron**, **Rep Westron**); **School nutrition and physical activity law 2005** (**Senator Forgy Kerr**, **Rep Burch**, **Rep Feeley**, and **Senator Scorsone**).

Entities that provided educational grants to cover presenters included: Roche, Sanofi Aventis, Ross, American Healthways and the Centers for Disease Control and Prevention. Other exhibitors included: Abbott Laboratories, Amylin Pharmaceuticals, Animas Corporation, Bayer, Home Diagnostics, Lifescan, Medtronic Minimed with Bectin Dickinson, Novo Nordisk, and Pfizer.

Evaluations of the event were very positive with the only problem being with the microphone system. Even the food was given high marks! Preliminary profit is estimated to be approximately \$1000. There is already talk of trying to provide another cooperative educational event next year.

Stay tuned!!

Picture at Right

Recipients of Long Time Diabetes Leadership Awards (L) to (R) **Greg Lawther**, **Vasti Broadstone, MD**, **Pamela Allweiss, MD**, **Micheal Foster, MD**, (not pictured) and **Stephen Pohl, MD** (not pictured)

Recipients of Visionary Leadership Awards in Establishing KDPCP (L) to (R) (following **Dr. Allweiss**) **Carlos Hernandez, MD**, **Duncan MacMillan, MD**, **Steven Leichter, MD**, **Charles Gollmar** (not pictured)

Awards presented by **Theresa Renn**, Director State KDPCP (not pictured), **Frank Vinicor, MD**, Director of CDC, Diabetes Translation Division (far right)



NEW TOOLS FOR DIABETES THERAPY: BYETTA™ AND SYMLIN™

Submitted by: L. Raymond Reynolds, MD, FACP, FACE, Division of
Endocrinology, University of Kentucky, AACE Member

In recent months the FDA has approved two new unique agents for managing diabetes: Byetta™ (exenatide) and Symlin™ (pramlintide). These products were developed by a small US company called Amylin Pharmaceuticals which was founded in 1987. Both products are each first-in-class compounds that can be used as adjunctive therapy to current management approaches to type 1 and type 2 diabetes.

Let's look first at Symlin, a synthetic analog of amylin, a naturally occurring peptide co-secreted by the beta cells with insulin, in response to increasing blood glucose levels. Amylin is deficient in both type 1 and type 2 diabetes and this deficiency is thought to contribute to the poor glycemic control of diabetes, particularly the high postprandial blood glucose levels. Symlin mimics the actions of endogenous amylin. Those key actions include suppression of glucagon, which is markedly elevated in the postprandial state in diabetes. Glucagon mobilizes glucose stores from the liver which are necessary to maintain glucose levels in the fasting state. Suppression of glucagon to appropriate physiologic levels is not always possible with exogenous insulin in the diabetic patient. Another key action of Symlin is regulation of gastric emptying, which is often excessively rapid in diabetes. A third key action of Symlin is increased satiety or reduced appetite, resulting in a reduced caloric intake.

In clinical trials Symlin demonstrated reductions in postprandial glucose levels of 50-75 mg/dl in both type 1 and type 2 diabetes when given with meal time insulin compared to placebo. Hemoglobin A1c levels at 6 months were reduced by .5-.7 %; insulin doses were reduced by 5-10% and weight on average was reduced by 3-5 lbs. The major adverse reactions are hypoglycemia and nausea. Hypoglycemia occurs in conjunction with insulin administration and can be avoided generally by reduction in meal time insulin doses by 50%, following a gradual titration schedule, and frequent glucose monitoring. Symlin has been approved for use in both type 1 and type 2 diabetes as adjunctive therapy to insulin in adult patients only.

Contraindications are hypoglycemic unawareness and gastroparesis.

Symlin is currently supplied in 5 ml vials. Patients should use a U-100 .3 ml insulin syringe for injections, but Symlin should NOT be mixed in the same syringe with insulin. Dosage for patients with type 1 diabetes start with 15 mcg with meals and titrate up every 3-7 days in increments of 15 mcg to a maximal dose of 60 mcg per meal. Type 2 diabetes starting doses are 60 mcg per meal with a titration to 120 mcg per meal. **Patients should be provided with a table for converting Symlin mcg doses to insulin syringe volumes (15 mcg = 2.5 units, 30 mcg = 5 units, etc.)**

The second new agent, Byetta, is the first-in-class of agents with GLP-1 activity. GLP-1 is one of several peptide hormones (**incretins**) produced by the gastrointestinal tract with important complementary actions to insulin in glucose regulation. GLP-1 enhances endogenous insulin secretion in response to rising glucose levels, suppresses postprandial glucose levels, promotes satiety and reduces appetite, and helps regulate gastric emptying. There is also evidence that GLP-1 promotes beta cell neogenesis. Byetta is synthetic exenatide which has a similar structure to GLP-1, but is resistant to enzyme degradation with a resultant effective duration of action of hours after subcutaneous injection. Clinical trials in patients with type 2 diabetes demonstrated A1c decreases of approximately .5-1% compared to placebo in combination with metformin and/or sulfonylurea. Weight losses of 5-10 kg were seen and maintained for up to 82 weeks. Adverse events included nausea and hypoglycemia. The nausea was usually mild and tended to abate over time resulting in only 3% of subjects discontinuing therapy. Byetta alone does not cause hypoglycemia, but can potentiate the risk of hypoglycemia in patients on sulfonylureas. Practitioners should therefore consider reducing sulfonylurea doses when initiating therapy with Byetta.

Byetta is approved as adjunctive therapy in patients with type 2 diabetes who are not adequately controlled on metformin, sulfonylureas or both. Byetta is not approved in type 1 diabetes, or for type 2 diabetes managed with insulin or thiazolidinediones. Byetta is contraindicated in severe renal disease or severe gastrointestinal disease.

Byetta is supplied in 5 mcg and 10 mcg pens that provide 60 injections and must be kept refrigerated. The recommended starting dose is 5 mcg with breakfast and supper, increasing after 30 days to 10 mcg if necessary. Byetta is being co-marketed by Eli Lilly in conjunction with Amylin Pharmaceuticals.



DON'T LOSE SIGHT

Submitted by: Tonya King, RN
Member of KDN Health Plan Partners
KY Medicaid Services, Frankfort, KY



Don't Let This...



Turn To This!

Teach your patients with diabetes not to wait for symptoms of diabetic eye disease! Diabetic retinopathy often has no early warning signs. Almost half of the 13 million people in the United States who are diagnosed with diabetes, and some of the over 5 million people who have diabetes but don't know it, have some stage of diabetic eye disease.

The Kentucky Diabetes Network Health Plan Partners (KDNHPP) have developed an article regarding diabetes and eye disease that can be copied and placed within your local diabetes patient education newsletters or flyers. For a copy of this article, contact Tonya King, RN, KDNHPP, at Medicaid Services, tonya.king@ky.gov.

The Kentucky Diabetes Network (KDN) also has a brochure called **"If You Have Diabetes, Protect Your Eyesight"** (printed in the Spring 2005 issue of this newsletter). The difference in this brochure and other diabetes and eye disease brochures -- is that this new brochure **includes a form that can be completed by the eye care provider and returned to the primary medical provider and / or diabetes educator.** Thus eye exam results are shared between providers which will hopefully improve the tracking of important diabetes outcomes. Copies of the KDNHPP eye brochure may be downloaded at www.kentuckydiabetes.net (click on *diabetes care tools*). For more information about diabetes and eye disease check out: The National Eye Institute www.nei.nih.gov The American Diabetes Association www.diabetes.org

Information and images from:
<http://www.nei.nih.gov/health/diabetic/retinopathy.asp>

SHOULD ALL PATIENTS WITH DIABETES BE PRESCRIBED A STATIN?

Commentary by: Zouhair Bibi, MD, Endocrinologist,
Medical Director Joslin Diabetes Center,
Evansville, IN , AACE Member,
TRADE Honorary Member

Statins, which are the cornerstone of the treatment of hyperlipidemia, reduce cardiovascular morbidity and mortality. The lipid-lowering role of statins particularly for secondary prevention of CHD is clear; however, their effectiveness and safety for primary prevention in patients, and particularly diabetes patients, with low levels of LDL-C is unclear.

The Heart Protection Study, HPS, showed that the use of lipid lowering drugs causes a 33% reduction in cardiovascular disease in diabetic patients without previous history of vascular disease. A subsequent study, the Collaborative Atorvastatin Diabetes Study (CARDS), assessed the benefit of Atorvastatin in diabetic patients with no clinical history of coronary, cerebrovascular or severe peripheral vascular disease. CARDS showed that in patients with type 2 diabetes, Atorvastatin produced a significant reduction in acute coronary events and stroke. More importantly the benefit to patients was observed regardless of baseline lipids, sex or age. The authors suggest that there is no justification for having a threshold level of LDL-C as the sole arbiter of which patients with type 2 diabetes should receive statin treatment. The overall cardiovascular risk should be the principle determinant.

These findings have implications for future lipid-lowering guidelines, particularly with reference to diabetes patients. Even though, we know that patients with type 2 diabetes are at greater risk for cardiovascular disease and their outcome after an event has a worse prognosis, there are a number of reasons why treating all diabetes patients with statins is not straightforward. First the cost implications would be considerable especially with the rapid increase in the incidence of type 2 diabetes. Second the safety and the long term commitment of these patients to the drug are not negligible . Also the incidence of type 2 diabetes is increasing within younger age groups where the incidence of CHD in these groups is relatively low .

I believe that all diabetes patients with cardiovascular disease and all diabetes patients without cardiovascular disease over 40 years of age should be treated with statins. Further information is required for patients with type 1 and younger patients with type 2 diabetes.



LATEST CDC DIABETES 2005 FACT SHEET AVAILABLE — NUMBER OF AMERICANS WITH DIABETES CONTINUES TO INCREASE

Submitted by: CDC National Center for Chronic Disease Prevention and Health Promotion Office Of Communication, 770-488-5131

Diabetes now affects nearly 21 million Americans – or 7 percent of the U.S. population – and more than 6 million of those people do not know they have diabetes, according to the latest prevalence data released at the end of October by the Centers for Disease Control and Prevention (CDC). This number represents an additional 2.6 million people with diabetes since 2002. Another 41 million people are estimated to have pre-diabetes, a condition that increases the risk of developing type 2 diabetes – the most common form of the disease – as well as heart disease and stroke.

“Diabetes is a leading cause of adult blindness, lower-limb amputation, kidney disease and nerve damage. Two-thirds of people with diabetes die from a heart attack or stroke,” said Dr. Frank Vinicor, director of CDC’s diabetes program.

The 2005 National Diabetes Fact Sheet – a report that summarizes the latest estimates of Americans with both diagnosed and undiagnosed diabetes – is being issued to coincide with National Diabetes Month in November. Highlights of the newly released 2005 National Diabetes Fact Sheet:

- Diabetes continues to be the sixth leading cause of death in the United States.
- In 2005, 1.5 million people aged 20 years or older will be newly diagnosed with diabetes.
- Compared to non-Hispanic whites, diabetes continues to be more common (1.7 to 2.2 times more common) among American Indians and Alaska Natives, non-Hispanic blacks, Hispanic/Latino Americans, and Asian Americans and Pacific Islanders.
- The risk of diabetes increases with age. About 21 percent of Americans aged 60 years or older have diabetes. This compares to approximately 2 percent for people 20 to 39 years old and about 10 percent for those aged 40-59 years.
- The United States spends approximately \$132 billion each year on diabetes – \$92 billion in direct medical costs and another \$40 billion each year in indirect costs because of missed work days or other losses in productivity.

The fact sheet is a collaborative effort involving CDC and the National Diabetes Education Program and other organizations in the U.S. Department of Health and Human Services, including the Agency for Health Research and Quality, the Centers for Medicare and Medicaid Services, the Health Resources and Services Administration, the Indian

Health Service, the National Institute of Diabetes and Digestive and Kidney Diseases and the Office of Minority Health. The American Diabetes Association, the American Association of Diabetes Educators, Juvenile Diabetes Research Foundation International, and U.S. Department of Veterans Affairs are also partners in the National Diabetes Fact Sheet.

The data in the updated 2005 National Diabetes Fact Sheet will help national, state, and local health officials understand the health and economic burden of diabetes and better direct efforts to reach populations hardest hit by the disease.

“Recent studies have shown that people with pre-diabetes can successfully prevent or delay the onset of diabetes by losing 5 to 7 percent of their body weight. This can be accomplished through 30 minutes or more of physical activity most days of the week and by following a low calorie, low fat eating plan, including a diet rich in whole grains, fruits, and vegetables,” Dr. Vinicor said.

The 2005 National Diabetes Fact Sheet is available at www.cdc.gov/diabetes.



DR. FRANK VINICOR, DIRECTOR CDC DIABETES TRANSLATION DIVISION, TAKES NEW POSITION!

*Submitted by: Theresa Renn, RN, BSN, CDE.
Director KDPCP, KDN, and KADE Member*

After 16 years, **Frank Vinicor**, Director of the Division of Diabetes Translation at CDC, will be leaving the Division. He will join the National Center for Chronic Disease Prevention and Health Promotion's (NCCDPHP) senior leadership team as Associate Director for Public Health Practice (acting). His responsibilities will include oversight of communications, policy development, and program integration. Frank has led CDC and the State us brilliantly during his tenure and we will sorely miss him. We wish him all the best. **Michael Engलगau**, former Branch Chief of the Epidemiology and Statistics Branch, will serve as Acting Director of the Division until a permanent replacement is named.



KENTUCKY DELEGATION OF ADVOCATES GO TO WASHINGTON, DC REGARDING THE DIABETES SELF-MANAGEMENT TRAINING ACT

Submitted by: *Kim Coy DeCoste RN, MSN, CDE*
Member KDN Diabetes Advocacy Workgroup, KADE,
Madison County Diabetes Coalition,
AADE Public Affairs Committee Chairperson

Advocates from over 60 chapters of the American Association of Diabetes Educators (AADE) descended upon Washington, DC in August, 2005 for the AADE Public Policy workshop. Dawn Frazee (GLADE), Ann Ingle (TRADE), Jenny Marshall (GLADE) and Kim DeCoste (KADE) participated in the workshop consisting of advocacy training, a briefing on the Diabetes Self-Management Training (DSMT) Act and visits on Capitol Hill. Though most legislators were working back in their districts, the Kentucky contingency met with legislative staff from the offices of Senator Mitch McConnell, Senator Jim Bunning, Representative Ed Whitfield, and Representative Anne Northup to ask for their support for this important legislation. Materials regarding this legislation were left with Representative Ben Chandler, Representative Ron Lewis and Representative Hal Rogers.

AADE is excited to have both a House and a Senate DSMT Bill! **HR 3612, The Diabetes Self-Management Training Act of 2005**, was introduced in the U.S. House on July 28. The bill seeks "to improve access to diabetes selfmanagement training by designating certified diabetes educators as certified providers for purposes of outpatient diabetes education services under part B of the Medicare program." **S 626**, its counterpart in the U.S. Senate, is co-sponsored by Senators Ben Nelson from Nebraska and Senator Kay Bailey Hutchison from Texas.

The original Diabetes Self-Management Training Act was introduced in the fall of 2003 by Representatives Curt Weldon (Pennsylvania) and Diana DeGette (Colorado), but expired at the end of the 108th Congress, on January 1, 2005. Weldon and DeGette agreed to reintroduce the bill in the 109th Congress (2005-06) and serve as lead sponsors. Over the next year-and-a-half, they will be drumming up interest. It's our job to help them!

As of October, 2005 -- no member of the House or Senate from Kentucky had signed on as a co-sponsor to this legislation. Please contact Senators Bunning and McConnell and your respective Representative to ask them to co-sponsor this legislation which is so important to improving access to care for Kentuckians with diabetes! To email your congressperson, go to www.diabeteseducator.org and click on Advocacy.



Kentucky Diabetes Educators In Washington, DC



(L) to (R) **Jenny Marshall RN, BSN**, Jewish Hospital / GLADE Legislative Coordinator; **Ann Ingle RN, CDE**, Murray Calloway County Hospital / TRADE Legislative Coordinator; **Dawn Frazee RN, BSN, CDE**, Regional KDPCP Coordinator, Lincoln Trail District Health Dept., GLADE President, KDN member; **Kim DeCoste RN, MSN, CDE**, Madison County Diabetes Coalition and AADE Public Affairs Committee Chairperson

FOLLOW UP REPORT REGARDING KENTUCKY SHARPS DISPOSAL RECOMMENDATIONS

Following the September 2005 KDN presentation made by Jenny Schumann, National Coalition for Safe Community Needle Disposal, several questions were posed to Kentucky Waste Management regarding Kentucky's specific sharps disposal guidelines. The following are responses to those questions provided by Catherine Guess with Kentucky Waste Management.

In addition, Jenny Schumann, National Coalition for Safe Community Needle Disposal, sent a follow up message by email, which is also printed for review.

Question 1:

Do all Kentucky counties have the same type of trash / waste pickup for which the current KY Waste Management Sharps Disposal Guidelines would work?

Answer:

No, there are different types of collection systems. State law dictates that collection be made available by ordinance to county residents (universal collection). Some counties elect to pass an ordinance that requires mandatory participation. Collection of garbage varies county to county and within each county at times. The types of collection for municipal solid waste are:

Continued On Next Page

Continued From Previous Page:

- **Door-to-Door Collection:**

The types of collection include a municipally owned and operated franchise (haulers must bid on providing collection), permit (haulers are required to get a permit annually and pay a permit fee), or private haulers (no local agreement with the county - customers call for service and contract with haulers).

- **Convenience Center or a Transfer Station:**

Some counties allow their residents to take their waste to a convenience center or a transfer station. For some counties, this is an alternate option to door-to-door collection, or it may be in addition to the door-to-door system.

- **Landfill:**

Some counties allow this option, particularly if there is a contained landfill in the county. This option is usually in addition to whatever the collection system the county ordinance outlines.

Question 2:

If not, what happens in these areas?

Answer:

Addressed in the answer to Question 1.

Question 3:

What happens to the trash once it reaches the landfill -- is it treated any differently because it contains syringes/lancets, etc?

Answer:

To my knowledge sharps are not treated any differently once they are dumped on the ground in a landfill and compacted. In the majority of cases, the hauler may not know there are syringes in a container (purchased from a pharmacy or a laundry bottle). I would assume the danger of a needle stick would be more prevalent at the point of collection.

Question 4:

Do the KY trash pick up entities know about the KY Waste Management Sharps Disposal Guidelines and are they willing to pick up the syringes/lancets when set out separately?

Answer:

I think the larger companies (Waste Mgmt., BFI, etc.) are aware of Kentucky's stance on medical waste from the homes. The majority of the questions I address concern the homeowner's questions on proper disposal. I always recommend the resident call the hauler to let the hauler know they will be disposing of a sharps container on a regular basis, whether it be monthly, bi-monthly, etc. I emphasize the safety aspect — put the container on top of the garbage in the can and shut the lid to discourage rummaging. Then set the garbage out the day of pickup. I ask them to call me if they encounter any resistance from the hauler, and I have yet to receive a call back. I will also suggest they contact their pharmacy or local hospital to see if the resident can dispose of their sharps container there.

Question 5:

Can KDN members take the KY Waste Management Sharps Disposal Guidelines and write newspaper articles in their local newspapers "OR" do certain things need to be checked specific to their community before publicizing KY Waste Management Sharps Disposal Guidelines?

Answer:

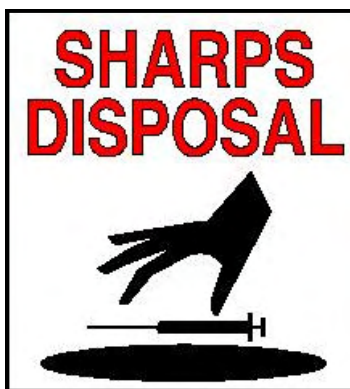
There could certainly be an article listing our recommendations from the fact sheet. I think it would be good to contact the county solid waste coordinator (SWC) (we can provide a list or call the judge/executive's office to determine if the county has one). The SWC can let you know what type of collection the county and/or city(ies) have and if the SWC has had inquiries about sharps disposal. Our fact sheet can certainly be publicized, as well as our points on the sheet provided for your latest meeting. The article may be used to generate interest for one of the strategies outlined in the EPA brochure "Protect Yourself, Protect Others" among the health services community, haulers and residents.

The following is an email from Jenny Schumann, National Coalition for Safe Community Needle Disposal, to Catherine Guess with KY Waste Management and Janice Haile with Kentucky Diabetes Prevention and Control Program (KDPCP):

Thanks for your explanation regarding sharps disposal in KY. The National Coalition for Safe Community Needle Disposal is working with the waste industry to see if we can develop a national campaign to help states address the issue of safe disposal - state by state. I am trying to get my hands around this project right now and get it off the ground.

After we have had the chance to put actions together and formulate a cohesive game plan, I would like to revisit KY on this issue. While you already have a program in place that works in many areas; we need to see what we can do for the entire state.

I will be in touch with you both probably after the first of the year. In the meantime, if you have any questions or need additional help, please let me know.



See the 2005 Spring Issue of this newsletter for a copy of the KY Waste Management Sharps Disposal Guidelines go to: <http://www.waste.ky.gov/>

AMERICAN DIABETES ASSOCIATION (KENTUCKY) RECOGNIZED AT KEENELAND RACE COURSE

Submitted by: Laura Hieronymus, MSED, APRN,
BC-ADM, CDE . Member KADE, KDN, ADA



Pictured with **Larry Smith** (Center) Chairman of the National American Diabetes Association Board of Directors, is **Emily Rizza** (wife of Bob Rizza, President, ADA) and **Sheril Perry** (wife of Stewart Perry, VP, National Board of Directors), along with Keeneland representatives

The American Diabetes Association (ADA) in Kentucky was recently honored at the Keeneland Race Course in Lexington KY. ADA representatives presented the trophy for the feature race at Keeneland Race Course on Thursday, October 27th which included a brief update on diabetes awareness and the ADA's work, to race meet attendees.

The President of the National ADA organization, Dr. Robert Rizza, presented to a group of health care professionals from 5-6 pm the evening of the 27th and then to KY American Diabetes Association volunteers from 6:45 - 7:45 pm at the American Diabetes Association Bluegrass Council's Annual Meeting. The Bluegrass American Diabetes Association Leadership Council welcomed Dr. Robert Rizza, and his wife Emily, to Kentucky to share his professional expertise as well as his volunteer commitment efforts.

DIABETES STANDING ORDERS NOW AVAILABLE

Submitted by: Jeffery Rice, MD, MS
Chairperson for the Kentucky Health Quality Agenda
Partnership, Health Care Excel

and Karen Wooldridge, RN, CPHQ, QM Humana,
Quality Coordinator, KDN member

With limited time in busy health care settings, it is typically a challenge to provide the level of care indicated in the American Diabetes Association's 2005 Clinical Practice Recommendations. The Kentucky Diabetes Network Health Plan Partners (KDNHPP) recently followed the lead of other diabetes organizations in developing a sample set of

Diabetes Care Standing Orders, which are now available at www.kentuckydiabetes.net or <http://chfs.ky.gov/dph/ach/diabetes.htm>.

Often patients with chronic conditions such as diabetes present to the physician's office for routine visits -- yet there is no trigger to remind the physician of which tests are recommended every visit, every 3 months, every 6 months or annually. This new **Diabetes Care Standing Orders** tool, based upon the 2005 American Diabetes Association's Clinical Practice Recommendations, can be used as a reminder or protocol to simplify diabetes related ordering procedures which hopefully will lead to improved care for patients with diabetes. While diabetes interventions should be individualized, efforts should be made to take advantage of every opportunity (office visit) to encourage patients to have routine tests completed at the intervals recommended by the American Diabetes Association. This tool is not intended to replace or preclude clinical judgment or more intensive management.

Upon approval from the practicing physician / clinician, the diabetes standing orders may be initiated by approved office staff. When instituting orders, approved staff should review information from the patient and his/her chart to apply the protocol appropriately. **Diabetes Care Standing Orders** may be applied at **any** patient encounter (does not have to be a diabetes-focused visit).

The **Diabetes Care Standing Orders** and **Diabetes Care Tool** (a diabetes care flow sheet to be placed within the medical chart -- previously developed by the KDNHPP) can be used in conjunction with one another to help streamline the process for diabetes management. The tools are similar in that they both list recommended diabetes tests and time schedules. However, the tools are different in that the **Diabetes Care Standing Orders** offer more detailed guidelines to allow physician office staff to order tests at recommended intervals (hopefully prior to the physician / patient encounter) whereas the **Diabetes Care Tool** serves as a document to be placed within the chart for the physician to review and order appropriate tests at recommended intervals as well as serving as a medical record within the chart of tests completed and results obtained.

Some benefits to using these tools include: extends physician care by utilizing existing staff (RN's, LPN's, MA's, etc.), increases the frequency of recommended testing, identifies patients who are missing tests, and increases the number of patients who reach important A1C / lipid goals / etc.

Numerous organizations involved in the Kentucky Diabetes Network Health Plan Partners, plan to distribute the **Diabetes Care Standing Orders** to their provider networks, along with the **Diabetes Care Tool**. Both tools are also being promoted by the Kentucky Health Quality Agenda, a statewide quality improvement partnership coordinated by Health Care Excel of Kentucky, the Medicare Quality Improvement Organization for the Commonwealth. The **Diabetes Care Tool** and **Diabetes Care Standing Orders** are both available at www.kentuckydiabetes.net or <http://chfs.ky.gov/dph/ach/diabetes.htm>.

Diabetes Care Standing Orders



This tool is based upon the 2005 American Diabetes Association's Clinical Practice Recommendations. It is not intended to replace or preclude clinical judgment or more intensive management. Use it as a reminder, to simplify ordering procedures and as a way to continually improve care to all patients with diabetes. Upon approval from the practicing physician / clinician, standing orders may be initiated by approved office staff. When instituting orders, review information from the patient and his/her chart to apply the protocol appropriately. Diabetes Care Standing Orders may be applied at any patient encounter (does not have to be a diabetes-focused visit).

1. Standing Lab Orders

- **A1c:** If most recent A1c result is more than six months old, provide/ schedule A1c test.
- **Lipid Panel:** If most recent lipid panel is more than 12 months old, schedule patient for a fasting lipid panel. For Ages 2 to 12 with unknown history or a positive family history of hypercholesterolemia/ premature CVD event, draw lipid panel at diagnosis; otherwise at age 12, begin lipid testing at diagnosis and repeat every 5 years. If lipids abnormal, schedule annual lipid panel.
- **Microalbumin** (Omit if patient diagnosed with kidney disease): If microalbumin test is more than 12 months old, provide/obtain test (for Type 1 – begin at or after 5 years of diabetes duration or at puberty, whichever is first; for Type 2 – begin test at diagnosis).

2. Dilated Retinal Eye Exam: If patient does not have a dilated retinal eye exam result recorded within the last 12 months, refer patient to an eye care provider for DILATED eye exam (explain test must include dilation of the pupils and is not just a visual acuity test) (for Type 1 - begin within 5 years of diabetes diagnosis; for Type 2 – begin at diagnosis).

3. Foot Exam:

- Ask patient if they are having any foot problems and to remove shoes and socks.
- Perform a visual foot inspection for abnormalities and document findings in the medical record. If abnormalities exist or comprehensive foot exam not documented in the past year, alert physician/clinician to perform the exam.

4. Screen all patients for eligibility for influenza and pneumococcal pneumonia immunizations (unless contraindicated or allergic to eggs). For complete recommendations or questions, contact national immunization hotline 1-800-232-2522.

- **Influenza** - If age 6 months old or older, offer "inactivated" (no live virus, no flu mist) vaccine annually beginning each October.
- **Pneumonia** - If age 2 or more, offer pneumonia vaccine (PPV 23) once in a lifetime (with a one time revaccination after age 65 if first dose given before age 65 and 5 or more years have passed since that dose).

5. Self-Management Goals:

Ask the patient if he/she has any self-management goals (self-care practices that the patient completes or is working toward to improve their diabetes care). If the patient has no goals, alert the physician/clinician to discuss and assist the patient with setting reasonable goals. Document the goals in the medical record.

Approved:

Physician Signature

Date _____

DIABETES FOOTWEAR — RECOMMENDATIONS TO ASSURE PATIENT SAFETY!

Submitted by: Carl Riecken, & Cindy Mattingly, Pedorthists, from Evansville, IN, and Owensboro, KY respectfully as told to Janice Haile, RN, BSN, CDE, KDPCP State Staff, KDN, TRADE, and ADA member

Carl Riecken and Cindy Mattingly, both pedorthists from Evansville, IN and Owensboro, KY respectively, have found themselves concerned recently regarding the growing number of regularly appearing ads in local papers regarding free shoes for people with diabetes. Their concerns stem from inexperienced persons being hired to fit people with diabetes for shoes and the lack of follow up available in the event that the shoes do not fit properly.

Most of the “free diabetes shoe clinics” have been conducted in hotel meeting rooms by out of state companies that come in to “fit” people for shoes. In many cases, Mattingly reports, that the person providing the shoe fitting has had no prior experience and was hired just days before the event as a temporary employee. In fact, one such employee relayed to Mattingly that the only training she had received dealt with filling out Medicare forms and codes.

Both Riecken and Mattingly fear that improperly fitted shoe wear will contribute to worsening of foot problems for people with diabetes. They requested to offer information, through this newsletter, to Kentucky’s endocrinologists and diabetes educators regarding “Board Certification of Pedorthics” which can be shared with diabetes patients.

1. What is a Certified Pedorthist (C.Ped)?

A Board-certified pedorthist is an individual who has studied foot anatomy and pathology, biomechanics, shoe construction and modification, foot orthosis fabrication and materials, footwear fitting, and patient/practice management, and who abides by the Board of Certified Pedorthics (BCP)’s Code of Ethics outlining responsibilities to the patient, the physician, the public and the profession. For most C.Peds, hands-on training in the field is also part of their learning process.

2. What is a pedorthist?

A pedorthist is an individual who specializes in relieving foot problems that may be caused by disease, overuse, or injury. A pedorthist may accomplish this through utilizing appropriate footwear, shoe modifications, or a variety of shoe inserts. With that being said there may be a big difference between someone who is just a pedorthist versus someone who is a **Certified Pedorthist** (C.Ped.). A C.Ped. is an individual who is certified by the Board for Certification in Pedorthics as a result of having obtained the necessary educational requirements and who has successfully passed the BCP exam. There are then continuing education requirements the C.Ped must meet to keep their credential.

3. Does insurance cover pedorthic services?

Most often insurance does not cover pedorthic services, but

insurance carriers would need to be contacted regarding the specific device that has been prescribed. There are insurance companies that cover “orthotics” as long as they are custom made.

4. What is the difference between a Podiatrist (DPM) and a C.Ped.?

Basically, a C.Ped is not a doctor and cannot write a prescription or do surgery. However, a C.Ped. is a valuable part of the medical team and works with doctors by following their orders to provide pedorthic care.

5. Is a pedorthist a doctor?

NO! Not even a *Certified Pedorthist* (C.Ped.) is a medical doctor. However, there are some podiatrists (DPM) who are C.Ped.s, also. Someone who is a pedorthist alone is not licensed to practice medicine.

6. Is a prescription needed for pedorthic services?

This follows the above question and answer. A C.Ped. may only provide custom made pedorthic devices or modifications when following an order from a medical professional who is qualified to write a prescription. Otherwise the C. Ped. would be practicing medicine by diagnosing a particular condition and this is not within their scope of practice. This is for the protection of the public.

7. How many C.Peds are there and how can they be located?

There are currently over 1,800 C.Peds, a vast majority of them being in the United States. A certified pedorthist can be located through the Board for Certification in Pedorthics, Inc., 2025 Woodlane Drive • St. Paul, MN 55125-2998, tel: 1.888.530.CPED • fax: 651.731.0410 • email: info@cpeds.org.

8. Where are pedorthists trained?

There are several educational institutions around the country that offer pedorthic training. There are also many educational opportunities during each year at regional conferences. Feel free to ask local C.Peds where they received training.

9. Why does a person need pedorthic services versus going to a shoe store? What makes pedorthists so special?

There are some great shoe stores across America that have experienced staff who are experts at fitting shoes and offering products that are good for your feet. However, there are thousands of shoe stores that are either “self serve” or have staff that are very inexperienced at fitting shoes or measuring your feet. A *BCP Accredited Facility* is one that has an extensive fitting stock of specialized footwear, has the ability to fabricate custom made products and modifications and has a C.Ped. on staff to provide expert assistance to help provide the best possible fit and function.



DIABETES DAY AT THE CAPITOL PLANNED FOR FEBRUARY!!



The KY Diabetes Network (KDN)
and partners are planning a

Diabetes Day at the Capitol!

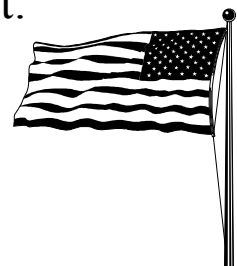
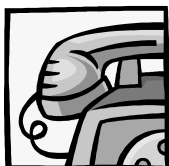
This event will be held Tuesday,
February 7th, 2006. Participants will meet with
legislators to educate them about the
burden of diabetes with the
goal of increasing KY diabetes funding.

Capitol Annex, Room 113, Frankfort KY

Registration	8:30 AM-9:00 AM
Session	9:00 AM-10:00 AM
Team Meeting	10:10 AM-10:15 AM
Legislative Meetings begin	10:15 AM

If you would like more information
or would like to participate, please contact:

Deborah Fillman
270-686-7747 ext. 5581
deborah.fillman@grdhd.org



**PATTI GEIL NAMED “*DIABETES
EDUCATOR OF THE YEAR*” BY THE
DIABETES CARE AND EDUCATION
PRACTICE GROUP OF THE AMERICAN
DIETETIC ASSOCIATION**



Patti Geil, MS, RD, FADA, CDE has been named the 2005 Diabetes Educator of the Year by the Diabetes Care and Education Dietetic Practice Group of the American Dietetic Association. This award recognizes an individual who has made a significant contribution to the practice of diabetes education and patient care through medical nutrition therapy, particularly by integrating food and the culinary experience into educational teaching methods. Sponsored by *Diabetic Cooking Magazine*, the award also acknowledges participation in the diabetes education community through public policy, research or publications that serve to meet the needs of patients with diabetes and their families. An article in the September/October issue of *Diabetic Cooking Magazine* features several recipes from Patti’s cookbooks and highlights her work with area patients with diabetes.

Patti has more than 25 years of experience in diabetes education in the Lexington area in a variety of settings from pediatrics to nutrition research. As the owner of Geil Nutrition Communications, Patti makes presentations, writes nutrition articles and cookbooks and does diabetes and food-related media work. She sees patients for diabetes education at Drs. Borders and Associates as part of an ADA Recognized Education Program, Diabetes Care and Communications, Inc. A member of the Leadership Council of the Bluegrass Chapter of the American Diabetes Association, Patti also serves on the National Board of Directors of the American Association of Diabetes Educators. She has authored ten books, including: *The Carbohydrate Counting Cookbook*, *Diabetes Meals on \$7 a Day- or Less!*, *101 Nutrition Tips for People with Diabetes*, *Diabetes Nutrition from A to Z*, *Individualized Approaches to Diabetes Nutrition Therapy: Case Studies*, *Diabetes Staff Inservice and Patient Education Manual*, *Cooking Up Fun for Kids with Diabetes*, and *101 Tips for a Healthy Pregnancy with Diabetes*. She is currently working with Laura Hieronymus, MSED, APRN, BC-ADM, CDE on a new book, *101 Tips for Raising Healthy Kids with Diabetes*, to be published by the American Diabetes Association in 2006.

**THE KENTUCKY MEDICARE QUALITY
IMPROVEMENT ORGANIZATION
HAS A NEW LOCATION AND
CONTACT INFORMATION**

*Submitted by: Jeremy Ecenbarger
Health Care Excel Public Relations Coordinator*

In October, Health Care Excel (HCE) began providing its services from a new Kentucky office location. HCE, under contract to the Centers for Medicare & Medicaid Services (CMS) as the Kentucky Medicare Quality Improvement Organization (QIO), is transferring its operations to a larger facility within the Watterson City office -- **1951 Bishop Lane, Suite 300, Louisville, Kentucky 40218, (502) 454-5112 Fax (502) 454-5113.**

The additional space will help HCE facilitate its expanding and ongoing educational efforts for the new Medicare QIO contract, which began in August 2005. Mandated by CMS, HCE is continuing to provide assistance to health care providers and stakeholders to accelerate statewide transformational change. CMS defines transformational change as “the creation of a health care environment in which every person is receiving the right care every time”. The Kentucky Medicare QIO promotes a holistic approach when working with health care providers and stakeholders on health care delivery system changes. This approach focuses on the importance of the whole and the interdependence of its components.

“As effective as efforts have been in the past, this unified approach brings a whole new array of exciting and challenging opportunities,” said Cindy Evinger, RN, MSN, Kentucky Medicare QIO Program Director. “We are excited about the work.”

The Kentucky Medicare QIO will expand its work with the staffs of nursing homes, home health agencies, hospitals, and physician offices, sharing CMS’ goals and objectives. To be more effective, emphasis will be placed on first engaging leadership in each setting, in addition to identifying and developing health care quality champions.

To learn more about the Kentucky Medicare QIO and its initiatives, contact the Medicare QIO Help Desk at 1-800-300-8190.



AMERICAN DIABETES ASSOCIATION ADVOCATING FOR IMPROVED KY COVERAGE OF DIABETES SELF MANAGEMENT TRAINING (DSMT)

The following is a copy of a memorandum sent to Commissioner Shannon Turner, KY Medicaid, from Stewart Perry, American Diabetes Association National Vice Chair of the Board of Directors, regarding KY Medicaid Coverage of diabetes self-management training (sent on August 16, 2005):

FR: R. Stewart Perry
TO: Commissioner Shannon R. Turner
RE: Proposed Kentucky Medicaid Coverage of Diabetes Self-Management Training

Thank you for the opportunity to visit with you recently about the need for Kentucky's Medicaid program to cover diabetes self-management training (DSMT). As you know diabetes is at epidemic levels in our great state. Unless we take steps to empower people with diabetes, Kentucky will never get the healthcare financing crisis related to the diabetes epidemic under control.

The remainder of this memo proposes how Kentucky can and should take steps to cover DSMT within the Medicaid program. Please note that this recommendation will bring the Medicaid program into line with coverage currently required by insurers in the state regulated health insurance market.

Kentucky Medicaid Coverage of DSMT Proposal

The American Diabetes Association believes the Kentucky Medicaid program should use the existing Medicare Part B coverage of DSMT as a starting point. However, Kentucky should supplement the Medicare regulations to ensure a variety of safety net health providers like community health centers. In addition, the program should also include coverage for medical nutrition therapy as defined by Medicare Part B regulations. This will help ensure people with diabetes receive the dietary counseling required to manage the disease. This entire coverage proposal is summarized below.

Incorporate the Medicare Part B benefit for DSMT as defined in "Federal Register, 42 CFR, Parts 410, 414, 424, 480, and 498, Vol. 65, No. 251, December 29, 2000: Medicare Program; Expanded Coverage for Outpatient Diabetes Self-Management Training and Diabetes Outcome Measurements; Final Rule, p. 83129-83154."

The Medicare Part B regulation for DSMT limits the provision of services to hospital based settings that are American Diabetes Association recognized. The Association believes that such a restriction in the Kentucky Medicaid program is unrealistic. The Association further

believes that such a restriction will severely restrict the availability of DSMT for people in rural and medically underserved areas. As a result, the Association believes a manageable expansion in the scope of coverage to include community health centers and other appropriate safety net providers of DSMT to Medicaid enrollees is appropriate. The Association is willing to work with you to develop a list and categorization of such DSMT Medicaid providers.

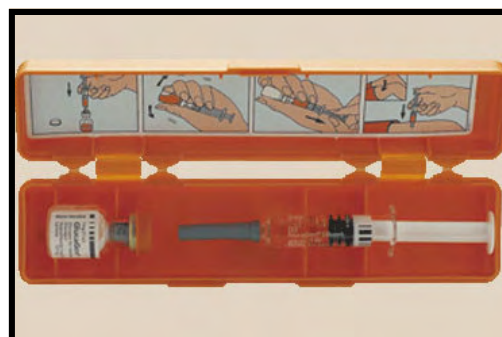
Incorporate the Medicare Part B benefit for medical nutrition therapy as defined in "Federal Register, 42 CFR, Parts 405, 410, 411, 414, and 415, Vol. 66, No. 212, November 1, 2001: Medicare Program; Revisions to Payment Policies and Five Year Review of and Adjustments to the Relative Values Units Under the Physician Fee Schedule for Calendar Year 2002; Final Rule, p. 55275-55281."

Like the regulation for DSMT, the medical nutrition therapy rule may prove too restrictive for Kentucky's medically underserved areas. Similar to the rationale provided in point 2 above, the Association encourages you to expand the scope of coverage to include dietitians in community health centers and related facilities as providers of medical nutrition therapy to Medicaid enrollees. The Association can work with you to develop a list and categorization of dietitians able to provide medical nutrition therapy to Medicaid enrollees.

NOVO NORDISK OFFERS GLUCAGEN TRAINING KITS TO DIABETES EDUCATORS

As follow up to previous articles printed in the Spring and Summer issues of this newsletter regarding the new Kentucky law dealing with Glucagon usage in schools, Dr. Vasti Broadstone, endocrinologist with the Joslin Diabetes Center in New Albany, Indiana, shared the following information:

Novo Nordisk now manufactures glucagon as a GLUCAGEN HYPOKIT and offers patient information and training materials. To obtain free information regarding the GLUCAGEN HYPOKIT, contact your local Novo representative or call 1-800-727-6500 or visit www.novonordisk-us.com.



JUVENILE DIABETES RESEARCH FOUNDATION INTERNATIONAL KENTUCKIANA CHAPTER 2005 "WALKS TO CURE DIABETES" RAISE OVER THREE QUARTERS OF A MILLION DOLLARS!

*Submitted by: Twynette Davidson
Executive Director JDRF Kentuckiana Chapter*

More than 3,500 walkers enjoyed a perfect day as they generated \$650,000 for the search for a cure for diabetes in the 19th annual "Greater Louisville Walk To Cure Diabetes" on Sept. 17 at Bowman Field/Seneca Park. The 2005 results continued a long run of sustained success for the event, begun in 1987 when 50 walkers raised \$15,000 for diabetes research.

The Presenting Sponsor of the Greater Louisville Walk was the Ford Motor Company Kentucky Truck Plant and Louisville Assembly Plant. Team members at the two plants and members of United Auto Workers Local 862 worked tirelessly throughout the year to push the total funds generated by their teams over the past seven years to more than \$1.3 million. In addition, the Ford Evansville plant raised over \$1,000 this year. Ford is a Global Partner of the JDRF and has raised nearly \$14 million for the search for a cure since 1999.

In Lexington, chilly weather saw more than 450 walkers turn out in Jacobson Park to raise \$125,000 for diabetes research in the fourth Bluegrass Region Walk To Cure Diabetes. With the results of the Oct. 8 event, the fund-raising total for the four years of the Bluegrass Region Walk pushed past the \$500,000 mark!

For the fourth consecutive year, the W.T. Young Storage Company served as the Presenting Sponsor of the Bluegrass Region "Walk To Cure Diabetes." The company again called in Lexington Cartage Company, a wholly owned subsidiary, and Overbrook Farm, one of Kentucky's best known Thoroughbred farms, to help in the effort to raise funds for the search for a cure for juvenile diabetes.

Although the fundraising efforts of the two walks were impacted by the most important needs of Gulf Coast hurricane victims, the generous support of sponsors, volunteers and walkers in Kentucky and Southern Indiana is still moving us closer to a cure for diabetes. The Kentuckiana JDRF Chapter will be working to "walk the extra mile" in the coming months to make sure that JDRF's \$100 million in research commitments are met this year. To help, call toll free 866-485-9397.



**JDRF "Walks To Cure Diabetes"
held in Louisville and Lexington**



BUY YOUR 2006 KENTUCKY DIABETES CALENDAR FOR \$5.00!!

To publicize diabetes prevention messages developed by Kentucky school children, the Kentucky Diabetes Network Primary Prevention Workgroup has a 2006 calendar for sale for \$5.00. The adorable calendar is full of pictures, poems, and diabetes tips and would make a wonderful gift! To purchase a calendar, contact Dawn Frazee at 1- 800-280-1601 X 129 or email dawns.fraze@ky.gov. All proceeds will be utilized by the Primary Prevention Workgroup for future projects aimed at preventing diabetes.



TRADE DIABETES EDUCATOR MEETINGS SCHEDULED

The Tri-State Association of Diabetes Educators (TRADE), which covers Western KY/Southern IN, meets quarterly from 11 – 2 pm CST with complimentary lunch and continuing education units. To register, call (270) 686-7747 ext. 5581.

January 19, 2006 Mental Health and Diabetes

Speaker: T. Liffich, MD
Location: Deaconess Hospital – Johnson Hall
600 Edgar Street,
Evansville, IN
Time: 10:00 am-2:00 pm (note meeting starts at 10:00)

April 20, 2006 To be Announced

Speaker: To be Announced
Location: Lourdes Hospital
1530 Lone Oak Road, Community Room
Paducah, KY

July 20, 2006 Pregnancy and Diabetes including Gestational Diabetes

Speaker: Ana Marie Spence, MD
Location: Methodist Hospital
1305 N. Elm Street
Henderson, KY 42420

GLADE DIABETES EDUCATOR MEETINGS SCHEDULED

The Greater Louisville Association of Diabetes Educators (GLADE), which covers Louisville and the surrounding area, meets the 2nd Tuesday every other month (*no meeting in August*). Registration required. Please register and direct questions to Dawn Frazee RN, BSN, CDE at 270-769-1601 ext. 129 or dawns.fraze@ky.gov.

Date/time: **January 10th 5:30-7:30pm**
Location: TBA in Louisville
Speaker: **Mary Bowens**
AADE Diabetes Educator of the Year
Title: Identifying & Bridging the Gap of Diabetes
Self Management Education from Hospital to
Home Utilizing the AADE 7 Self Care Behaviors
** 1.5 CEU's for CDE's available

Date/time: **March 14th 5:30-7:30pm**
Location: TBA in Louisville
Speaker: **Dr. Jahangir Cyrus, MD, Endocrinologist**
Title: A Clinical Overview of Hypogonadism

Time, Topic, and Location for the following meeting to be announced:

Date: **Tuesday, May 9th**



KENTUCKY DIABETES NETWORK (KDN) MEETINGS SCHEDULED

The Kentucky Diabetes Network (KDN) is a network of public and private providers striving to improve the treatment and outcomes for Kentuckians with diabetes, to promote early diagnosis, and ultimately to prevent the onset of diabetes.

Quarterly general meetings are held from 10-3 pm EST. Anyone interested in improving diabetes outcomes in KY may join. A membership form may be obtained at www.kentuckydiabetes.net or by calling 502-564-7996 (ask for diabetes program).

2006 meeting times are 10:00 am—3:00 pm EST

March 10 Kentucky History Center, Frankfort

June 9 Baptist Hospital East, Louisville

September 15 Lexington

November 3 Kentucky History Center, Frankfort

KADE DIABETES EDUCATOR MEETINGS SCHEDULED

The Kentucky Association of Diabetes Educators (KADE), which covers Lexington and Central Kentucky, meets the 3rd Tuesday of every month except summer (time & location vary). For a schedule or more information, contact:
Dana Graves Laura Hieronymus
Phone: 859-313-1282 Phone: 859-223-4074
E-mail: gravesdb@sjhlex.org laurahieronymus@cs.com

DECA DIABETES EDUCATOR MEETINGS SCHEDULED

Diabetes Educators of the Cincinnati Area (DECA), which covers Northern KY, meet the third Monday of each month from 5:30 – 7:30 pm. Anyone interested in diabetes is invited.

Please register with Mary Ann Benzing 513-248-9992.

ENDOCRINOLOGISTS MEETINGS SCHEDULED

The Ohio Valley Chapter of the American Association of Clinical Endocrinologists (AACE) and the Kentuckiana Endocrine Club (KEC) meet on a regular basis. For a schedule of meetings, contact: Dr. Vasti Broadstone, Phone: 812-949-5700 E-mail: joslin@FMHHS.com

Kentuckiana Endocrine Club meeting

November 29, 2006 Equus Restaurant 6pm

Topic: Control of Hyperglycemia in the Surgical Patient- the Why's & How's

Speaker: Dr. Jeff Guy, Associate Professor of Surgery, Vanderbilt University

*Kentucky Diabetes
Connection*



Diabetes Day at the Capitol February 7th 2006

Contact Information



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1-888-DIABETES

KENTUCKY ASSOCIATION
of DIABETES EDUCATORS



Bluegrass/Eastern Chapter

www.kadenet.org



dedicated to finding a cure

www.jdrf.org/chapters/
KY/Kentuckiana
1-866-485-9397



Tri-State Association
of Diabetes Educators

[www.aadenet.org/
AboutAADE/Chapters.html](http://www.aadenet.org/AboutAADE/Chapters.html)



www.louisvillediababetes.org



Diabetes Educators Cincinnati Area

[www.aadenet.org/
AboutAADE/Chapters.html](http://www.aadenet.org/AboutAADE/Chapters.html)



KENTUCKY DIABETES NETWORK, INC.

www.kentuckydiabetes.net



www.chfs.ky.gov/dph/ach/diabetes



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joslin@fmhhs.com